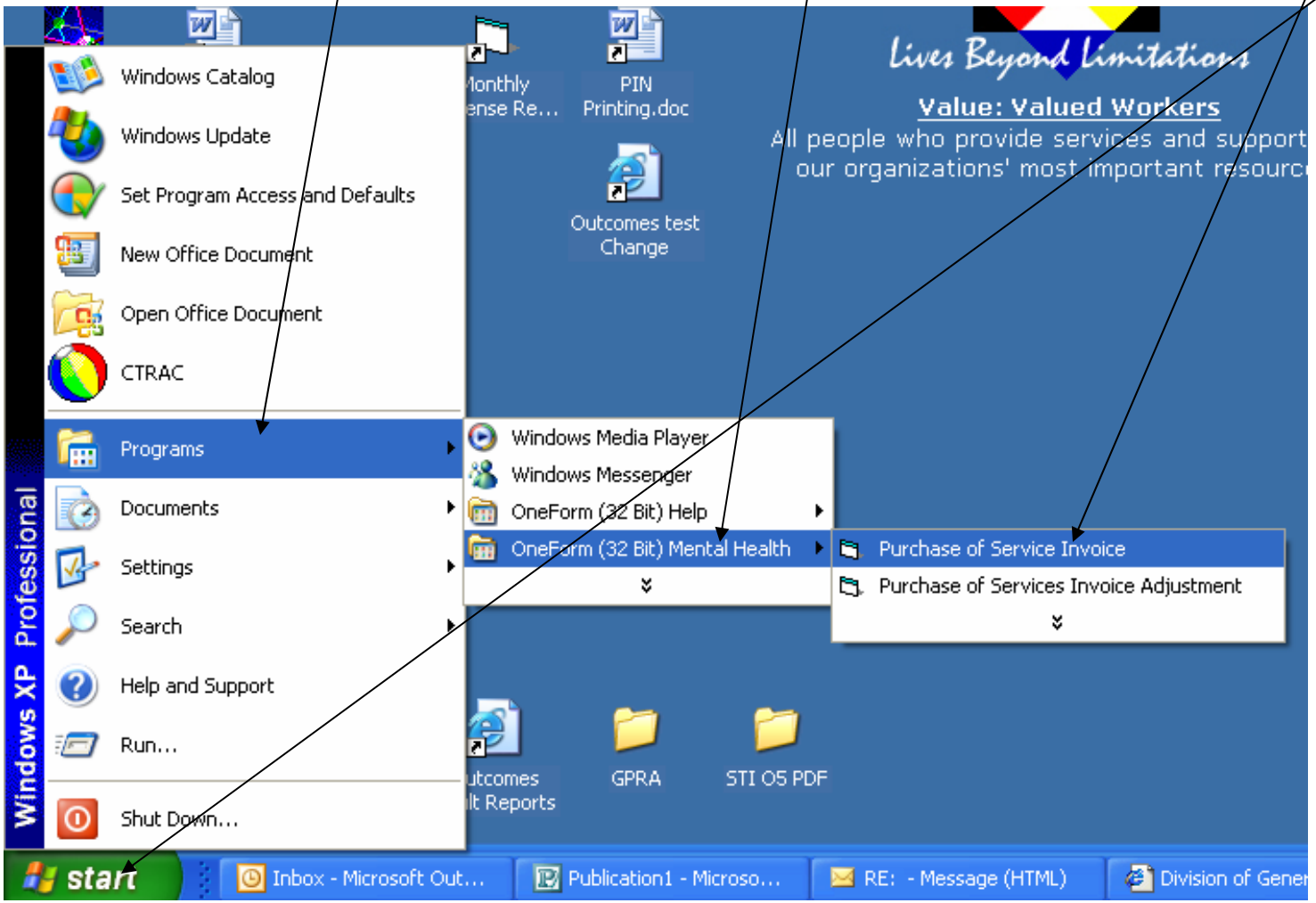
Using E-forms

Complete instructions for downloading E-form and the software to use them is available at the following web site
http://www.oa.mo.gov/gs/form/fm_guide.htm

After downloading the E-form for POS invoice to your computer you will find it on your computer by clicking on the Start button, then hovering over Programs, then hover over One Form (32Bit) Mental Health, then click on Purchase of Service Invoice.



POS Invoice form will be a fill in the blank electronic form. Complete the data print the form, and fax it to DMH.

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
PURCHASE OF SERVICE INVOICE

VENDOR NAME	DMH CO USE ONLY	DATE / PAGE NO. / ORG CODE
VENDOR ADDRESS	SAM II VENDOR CODE	*FISCAL YEAR
	*DMH VENDOR NO.	*FUND CODE
SUBMIT TO: DEPARTMENT OF MENTAL HEALTH P.O. BOX 687 JEFFERSON CITY, MISSOURI 65102	*FACILITY CODE / *CONTRACT CODE	*DIVISION CODE
	INVOICE NO. P.O.	
	*Required Field. Submit one form for each facility, fund, division, contract code combination.	

CLIENT LAST NAME	CLIENT I.D.	SERVICE DESCRIPTION	SERVICE CODE	UNIT PRICE	DATE OF SERVICE	UNITS	SERVICE AMOUNT	CR

I certify that the services have been rendered and that I have not received payment. If payment is received from some other source, the Department of Mental Health will be reimbursed up to the amount invoiced.

PAGE TOTAL

AUTHORIZED SIGNATURE

GRAND TOTAL

MO 650-0016IN (4-00) DMH 80